
DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents



I. Definitions

1. Multiple Casualty Incident.
 - A. 6-12 patients.
 - B. Doesn't have to be declared.
2. Mass Casualty Incident.
 - A. 13 or more patients.
 - B. Needs to be declared.

II. Implementation



1. To facilitate the implementation of an MCI plan and to ensure that all responding units are aware that a MCI plan is in effect, the Fire/EMS Communications will advise responding units that the plan is in operation.
2. Fire/EMS Communications will notify all hospitals, through Children's Hospital National Medical Center as the clearing house, as to the number of patients they can receive from the incident. After the above has been established, Children's Hospital will notify all the hospitals as the likelihood of receiving patients, the number of patients and whether or not they are critical.
3. As soon as all patients are transported and the incident has concluded, Children's Hospital will make all the hospitals aware that the incident is over.

DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents

III. Command and Operational Structure

1. The D.C. Fire & E.M.S. Department shall utilize the Incident Command System (ICS), while operating at an MCI. Effective control of any large scale incident, and certainly a Mass Casualty Incident, must start with the designation of a single individual as the on-scene Incident Commander who is responsible for the management, equipment and strategic decisions at the scene of the emergency. Command at the scene of an emergency commences with the first officer to reach the scene, and passes to the first arriving officer of superior rank, after the superior officer has been briefed as situation on hand.
 - A. First Arriving Unit
 - i. Survey, size up and evaluate the incident.
 - ii. Confirm incident location and type of disaster with Fire/Communications.
 - iii. Establish command and staging areas.
 - iiii. Request additional units, Fire Apparatus and Specialty equipment as necessary.
 - v. Begin triage procedures, using S.T.A.R.T.
 - a. **Simple Triage And Rapid Treatment**).
 - B. The initial Incident Commander shall be the highest-ranking officer of the D.C. Fire & E.M.S. Department on the scene and shall be in charge of all aspects of the Incident. When a higher-ranking Fire suppression officer arrives on the scene, they shall take over as Incident Commander only after they have received a briefing from the subordinate officer, or previous Incident Commander. It shall be their responsibility to establish a command post for all operations as needed (i.e. Fire Fighting, Rescue, Medical, etc.). After a command post has been established, all requests for additional assistance will go through the IC (the IC should request the Mass Casualty Unit, if not done by Fire/EMS Communications already). Upon the arrival of the appropriate EMS Official, the IC will establish the EMS Control Sector.

DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents

III. Command and Operational Structure (continued)

- C. EMS Control Officer shall be responsible for:
 - i. Overall EMS operations at an incident.
 - ii. Appoints all EMS sectors.
 - a. Resource Officer.
 - b. EMS Communications Officer.
 - c. Transportation Officer.
 - d. Treatment Officer (In the absence of the Medical Director or EMS Fellow).
 - e. Triage Officer.
 - iii. Notifies the Incident Commander to the needs of the EMS sectors.
- D. Triage Officer shall be responsible for:
 - i. Management of victims where they are found at the incident site.
 - ii. Sorting and moving victims to the treatment or transportation areas.
 - iii. Ensure coordination between extrication teams and patient care providers, to provide appropriate care for entrapped victims.
- E. Treatment Officer shall be responsible for:
 - i. Establishing treatment sectors
 - a. Red.
 - b. Yellow.
 - c. Green.
 - d. Black.
 - ii. Patient care and triage decisions of patients in the treatment areas.
 - iii. Oversee all aspects of patient care in the treatment area.

DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents

III. Command and Operational Structure (continued)

- F. Transport Officer shall be responsible for:
 - i. Arranging appropriate transport vehicles for patients being forwarded to him for transport. (BLS, ALS, Helicopter, etc.).
 - ii. Responsible for logging all transport information.
 - a. In a large MCI, a disposition area may be established to handle transport information.
- G. Staging Officer shall be responsible for
 - i. Maintaining sufficient units and supplies.
 - ii. Dispatching units to the transport area as they are requested.



Note Well: *If the situation precludes placing EMS personnel in the hazard zone, the I/C will assign the roll of triage officer to a Fire Suppression Officer until the scene is deemed safe. After scene safety has been assured, the EMS Control Officer will designate a Triage Officer to assume command of Triage.*

- H. Resource Officer shall be responsible for maintaining sufficient supplies and equipment at the staging area.
- J. EMS Communications Officer shall be responsible for
 - i. Keeping the Transport Officer updated on hospital availability.
 - ii. Relaying all information to and from Medical Control for requests not covered by protocol (should the Medical Director or EMS Fellow not be at the scene).



DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents

IV. Triage Plan

1. The first arriving unit sets the stage for the MCI operation. By placing a rapid Triage plan into effect, utilizing triage ribbon, the providers can rapidly identify patients needing treatment and/or transport in order. Upon entering the area, triage patients as you find them, utilizing S.T.A.R.T. All patients are to be tagged with the appropriate color ribbon.
 - A. Red Ribbon
 - i. Patients with the following findings will be triaged red:
 - a. Respirations greater than 30.
 - b. Absent radial pulses.
 - c. Altered mental status.
 - B. Yellow Ribbon
 - i. Patients with the following findings shall be triaged yellow.
 - a. Patients who are non-ambulatory.
 - b. Patients who are do not fit the Red or Green criteria.
 - C. Green Ribbon
 - i. Patients with the following findings shall be triaged green.
 - a. Patients who are walking wounded.
 - b. Patients that are stable.
 - D. Black Ribbon
 - i. Patients with the following findings shall be triaged black.
 - a. Patients are presumed dead who fit P.D.O.A. as per protocol.
 - b. Patients without spontaneous respirations after repositioning the head.
 - c. Patients without carotid pulses.

DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents

IV. Triage Plan (continued)



Note Well: *Patients tagged with BLACK ribbon are not to be moved until Law Enforcement (i.e. F.B.I., M.P.D., U.S. Park Police, etc.) has given permission; this does not mean you can not rearrange these victims for a means of entrance or egress.*

2. After patients are triaged they are to be moved to the appropriate areas.
 - A. Multiple Casualty Incident.
 - i. Transport Area
 - B. Mass Casualty Incident.
 - i. Treatment Area
3. After patients are moved to the appropriate area a Triage Tag is to be completed and attached to the patient.

DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents

V. Personnel



Note Well: Adequate personnel is the greatest resource at an MCI. Care must be exercised not to overwork personnel. It is recommended that when personnel are assigned to an area, they should not be reassigned to other sectors or responsibilities.

1. Stretcher bearers.
 - A. Two for every patient triaged as Red or Yellow.
 - B. One for every patient triaged as Green.



Example:	5 Red Triaged Patients	=	10 Stretcher Bearers
	6 Yellow Triaged Patients	=	12 Stretcher Bearers
	7 Green Triaged Patients	=	7 Ambulatory Asst
			29 Total Personnel

2. The treatment area must have sufficient EMS personnel to treat and attach triage tags to the patients.
 - A. The Treatment Sector Officer must closely monitor the situation. Requests for additional personnel must be made promptly to ensure adequate available manpower.

VI. Identification of Sectors and Personnel

1. Treatment areas will have a color coordinating flag located in each sector.
2. Sector Officers will wear an orange vest with the appropriate title attached with reflective scotch light letters.

DC Fire & EMS Special Operations: Multiple or Mass Casualty Incidents



VII. Special Notes

1. The purpose of the incident is to move all patients as rapidly as possible to definitive care.
2. Communication with receiving facilities will not be necessary by the transport units. Receiving facilities will be expecting incoming patients via the EMS Communications Officer.
3. The chart below outlines the START triage and treatment system.

